

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK RECEIVED

2016 JUL -6 AM 8: 28

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: \(\frac{\capaz}{2}	Ending Date: TOWN OF EAST LONG MEADOW
Type of Report: (Check one)	
	730 day after election vear-end report dissolution
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
	Description to Elekanterial
Kobert W. FITZPATTICK	Committee to Elect Fitzgatrick
Candidate Full Name (if applicable)	Committee Name
Jour Comel	Hannah Vantassel
Office Sought and District	Name of Committee Treasurer
The Manual Manual	Gi Corley Ave E, Long Ma Olory
GI Cooley Au Elong Ma Olois	Committee Mailing Address
Residential Address	
Telephone Number (optional): (4/3) 847-0338	Telephone Number (optional): (413) 847-0338
SUMMARY BALANC	E INFORMATION:
ON THE PARTY OF	
Line 1: Ending Balance from previous report	\$148,52
	8:75 30
Line 2: Total receipts this period (page 3, line 11)	7/7)
Line 3: Subtotal (line 1 plus line 2)	\$ 323,35
	\$ 712 05
Line 4: Total expenditures this period (page 5, line	e 14) 1 3/3, —
I Follows (line 2 minus line 4)	01032
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	ge 6) \$175
Line 0. Total in kind contributions this person (p.	
Line 7: Total (all) outstanding liabilities (page 7)	**************************************
Line 8: Name of bank(s) used:	02. V
Line 6: Name of Dank(s) used.	\$ /C111 82
Affidavit of Committee Treasurer:	
It and Gethat I have examined this report including attached schedules and it is, to the best	of my knowledge and belief, a true and complete statement of all campaign finance
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: $f/2/16$
# *	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee and no activity independent of the committee	hast of any knowledge and belief a true and complete statement of all campaign finance
I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in ac	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. e. 55. I have not received any contributions,
incurred any liabilities nor made any expenditures on my behalf during this reporting	g period.
Candidate without Committee OR Candidate with independent activity filing se	parate report
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	s, in-kind contributions and habilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of thi	is committee in accordance with the requirements of M.G.L. e. 55.
	The same of the sa

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1			
-			
- []			
		/	
	}	ľ	
			-
	/		
	. /		

	/		
ne 9: Total Recei	ots over \$50 (or listed above)		
10. T. t 1 D	000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1
ne 10: Total Récei	pts \$50 and under* (not listed above)		
ne 11. TOTAL D	ECEIPTS IN THE PERIOD		Contract Line 2
acti: TOTALK	ECERTO EL TERIOD		← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

•	SCHEDULE A: F	TECESII TO (COII	O Translavan
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/23	There Edward W.	\$100	
1 (73 Cooley Ave Swarr, Sumes Peter 14 Melody Lane	1575	
5/25	14 Melody Lane		
Commence of the Commence of th			
Trouble and the second of the			
Line 9: Total Re	eceipts over \$50 (or listed above)	प्राप्त	
	eceipts \$50 and under* (not listed above)	à.	
Line 11: TOTA	L RECEIPTS IN THE PERIOD	9175 1 0 1 in a 10 al	Enter on page 1, line 2 could include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	Expenditures" attachment is ava itures. Please include your comm To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Jate 1 and				
1 1 1				
			tures over \$50 (or listed above)	
		Line 13: Total Expendit	ures \$50 and under* (not listed above)	
		T' 14 TOTAL EVE	ENDITURES IN THE PERIOD	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

	. SCHEDU	LE B: EX	PENDITURES (C	ontinu ———	ed)	T	
11	To Whom Paid (alphabetical listing)		Address	Pu	rpose of Expenditure	An	nount
Date Paid	Face back	Gn	line	1	Advertisins	15	0.3
	Facebook	On	line		Advertising		244
(/7	Pacebook	On	line	A service of the serv	duertising	150	7 45
1/4	Carebook	On	line		Idvatising		55, 4
C/10	Facebook	10,	line		Idvertising		1,25
6/10	Greebook	0,	1/ine		d vertisins		1, 37
5/25	The Reminder	111	N. Mais St ong Mr. Clos		Advertising	J	115
	The hermon						
		Line	12: Expenditures ov	rer \$50	(or listed above)		33.2
		Line	13: Expenditures \$5	0 and ι	under* (not listed above)		713,5
	Enter on page 1, lin	ne 4 → Line	14: TOTAL EXPE	ne 13 s	URES IN THE PERIOD nould include only those exp	enditure	1 / 1 /

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value		
ate Received						
				~		
	·					
		7				
			-			
	/	Line 15: In-Kind Contribu	tions over \$50 (or listed above)			
/		Line 16: In-Kind Contributions \$50 & under (not listed above)				
1		Line 16: In-Kind Contribut Line 17: TOTAL IN-KIN				

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
	PROPERTY AND THE PROPER			and the state of t
		H		
4 m				
				And the state of t
			-	
	L			
				
	1 /			
	1			
	The same and a line 7	Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or T	own of:	ace re	sdow.	_					
Please print or type all information, except signatures.									
Fill in dat Reporting	tes: g Period Beginning_	Month ○ S	Day こつ	Year	_ Ending_	Month ロデ	Day © ご	Year ZS/	
□ 8th	Report: (Check One h day preceding liminary/primary	VAI	y preceding elec	ction 30	th day follo	wing election		th day of January ar-End Report)	
 I ce I ce rep 	to M.G.L., Chapter ertify that I am a car ertify that I have not orting period, and dertify that I do not h	ndidate for o received an lo not have a	y contributions campaign fund	, made any exp	•			uring this	
2/7	Signed under the			(Street ar	nd Number)		TOWN		
11-		e e		- 	<u> </u>		1 Com	- Ornoll .	
				******			•		
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u>.,</u>	······································	
									
				···- <u>·</u> ·····					